PTO/SB/17 (07-07)
Approved for use through 06/30/2010, OMB 0651-0032
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| Under the Paperwork Reduction Act of | respond to a collection of information unless it displays a valid OMB control number. | | | | | | |
|---|---|----------------------------|---------------------------------|--------------------------|-----------------------------------|--------------|--|
| Effective on 12/08/ | Complete if Known | | | | | | |
| Fees pursuant to the Consolidated Approp | | | | 10/509,795-Conf. #9627 | | | |
| FEE TRANSMITTAL For FY 2007 | | Filing Date | | | February 25, 2005 Norihito OHI | | |
| | | Examiner Name | | | J. M. Nolan | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | 1626 | | | |
| <u> </u> | | 741 01111 | | 0425-1154PUS1 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 180.00 | | Attorney Docket | Attorney Docket No. 0 | | 0423-1184F 031 | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| FI | | EARCH FEES | EXAMIN | ATION FEES | | | |
| Application Type Fee (\$ | Small Entity) Fee (\$) Fee | Small Entity (\$) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees I | Paid (\$) | |
| Utility 300 | 150 50 | 0 250 | 200 | 100 | | | |
| Design 200 | 100 10 | Ó 50 | 130 | 65 | | | |
| Plant 200 | 100 30 | 0 150 | 160 | 80 | | | |
| Reissue 300 | 150 50 | 0 250 | 600 | 300 | | | |
| Provisional 200 | 100 | 0 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES | | | | | | Small Entity | |
| Fee Description Each claim over 20 (including Reissues) 50 | | | | | Fee (\$) 25 | | |
| Each independent claim over 3 (inclu | uding Reissues) | | | | 200 | 100 | |
| Multiple dependent claims | | | | | 360 | 180 | |
| Total Claims | | Paid (\$) | aid (\$) <u>Multiple Depend</u> | | ent Claims | | |
| 8 -71 = 0 x = <u>Fee (\$)</u> Fee Paid (\$) | | | | | <u>5)</u> | | |
| HP = highest number of total claims paid for | - | Bald (6) | | | | | |
| Indep. Claims 1 -3 = 0 | | Paid (\$) | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets Extra Sheet | | additional 50 or frac | tion thereof | <u>Fee (\$)</u> | Fee | Paid (\$) | |
| 100 = /50 = (round up to a whole number) x = | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00 | | | | | | | |
| SUBMITTED BY | | | | | | | |
| ignature & Lay #48,50/ Registration No. 32,181 | | | Telephone (703) 205-8000 | | | | |
| Name (Print/Type) Marc S. Weiner | 0 | | | Date S | eptember | 28, 2007 | |